

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>09/332803</i>	FILING DATE		
								APPLICANT(S)			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51	/			
2	/						52	<i>Cancel #52</i>			
3	/						53	/			
4							54	<i>Cancel #54</i>			
5							55				
6							56				
7							57				
8							58	<i>Cancel</i>			
9							59	/			
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16							66				
17	/						67				
18	<i>Cancel</i>						68				
19							69				
20							70				
21							71				
22	<i>Cancel</i>						72				
23	/						73				
24	/						74				
25	/						75				
26	/						76				
27	/						77				
28	/						78	/			
29	/						79				
30	/						80				
31	/						81				
32	/						82				
33	<i>Cancel</i>						83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93	<b>BEST AVAILABLE COPY</b>			
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50	/						100				
TOTAL IND.	6						TOTAL IND.	6			
TOTAL DEP.	21						TOTAL DEP.	21			
TOTAL CLAIMS	27						TOTAL CLAIMS	27			